

# AN ADDRESS

DELIVERED BY

Dr. Lewis D. Mason,

(Consulting Physician to the Inebriates' Home, Fort Hamilton, L. I.)

AT A MEETING OF THE

AMERICAN ASSOCIATION FOR THE STUDY AND  
CURE OF INEBRIETY,

HELD AT BURLINGTON, N. J.,

To Celebrate the Seventy-First Birthday of Dr. JOSEPH PARRISH, President  
and Founder of the Association.



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## ADDRESS.

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It is our special privilege to speak of the relation of Dr. Joseph Parrish to that cause in which we all have a common interest, and in which he has been so prominent and useful — and incidentally of the cause itself. My first acquaintance with Dr. Parrish was at a meeting held to organize "*The American Association for the Cure of Inebriates*," at the rooms of "The Young Men's Christian Association" in New York City, Nov. 29, 1870. He then acted as secretary of that meeting, and was the most energetic member of the organization and the originator of the whole movement; he has since then been elected to nearly all the offices in the gift of the association, and has proved himself a most valuable member in all those relations, and now fills, as he has for some time past, the office of president.

Not only his early identification with the movement, but his sincerity and fidelity to his convictions, are worthy of remark. He believed the assertion of Dr. Benjamin Rush, made one hundred years before, that "*inebriety was a disease* and required special hospitals for its treatment," and he also believed what Dr. Valentine Mott said, "that you might as well try to treat a *broken leg* by preaching to the patient as to cure an *inebriate* by moral persuasion alone."

Drs. Rush and Mott had strongly marked individuality and followed independent lines of thought, based on *common sense*. They were what we call "original thinkers"; would there were more men to-day like them brave enough to assert their convictions and "knowing dare to maintain them." Fortunately for our cause Dr. Parrish possessed this characteristic — he had the "courage of his convictions"; these were the result of his careful, conscientious, and scientific con-

sideration of the facts before him. They were the results of conclusions deliberately formed, hence his constancy. Others came from curiosity or some superficial motive, looked in upon us and departed. "They are not with us, because they were not of us." The seed was good, but it fell on stony ground, and having no root, perished.

What has Dr. Parrish seen, and what does he now behold? He saw a cause apparently insignificant, the subject of marked indifference, willful ignorance, and even ridicule, *now* firmly established as a scientific fact. He now sees special hospitals throughout the land for the treatment of alcoholism as a *Disease*. In England, where in company with a fellow member of our society he testified in 1872 before a "select committee of the House of Commons" and gave his testimony before an almost skeptical audience, a few years later, in 1885, returning, he finds on English soil reputable institutions under the best of medical care, and he is dined and fêted, and his labors duly recognized; later still he rejoices to know there is being held in London, July 1887, a "congress" of all nations — England and her colonies, Germany, Austria, America, Russia, France, and the lesser nationalities — it is called an "International Congress of Inebriety," and the whole scientific world with "bated breath" listen to what *American* experts have to say on the subject of inebriety. There is no indifference *now*, the scientific mind is *anxious* and thoroughly aroused; *at last* it has struck the trail of truth, and henceforth it will follow where that path leads. Other "congresses" succeeded this one, and an "International Congress on Alcoholism" was held in Paris, July 29, 1889. At the latter a special committee, Drs. Motet, Duverger, and Petithan advocated the establishment of special asylums for the treatment of chronic alcoholics, thus ratifying and endorsing the action of the "Congress of Brussels", when similar resolutions were passed, in 1881. This congress was for the consideration of "Nervous and Mental Maladies", alcoholism being incidentally considered. The *literature* of inebriety has not failed to keep pace with the advancement

of general knowledge on this all-important subject. Dr. Parrish has added many papers of value to it, and the results of his investigation appeared in a work on inebriety published in 1883. He has seen a *Journal* published in the interests of inebriety, as an organ of this association under the editorship of one of our most prominent members, attain and maintain a marked position in the fields of journalism, as well as much matter also of interest issued from the "American press" on this subject.

The *medical literature* of other countries includes the names of Richardson, Carpenter, Kerr, Peddie, Brodie, Cameron of England and Scotland, and last but not least the English pioneers Dr. Donald Dalrymple and Dr. Stephen Alford, Magnan, Beaumetz, and others of France, Baer and Binz of Prussia, Magnus Huss of Sweden, Petithan of Switzerland, Lentz of Belgium, Kowalevsky of Russia, as well as many others of more or less note, who have added greatly to the clinical history, "Therapeutics," "Pathology," and "Medical Jurisprudence" of Inebriety. Dr. Norman Kerr and Prof. Kowalevsky have written valuable and exhaustive treatises on the subject of inebriety. *Special societies* have been formed for "The Study and Cure of Inebriety" and other societies not especially formed for the consideration of the subject are willing and anxious to admit it as a matter to be discussed before their members. Medico-legal societies have evinced a special interest, and the medico-legal society of New York not long since gave an evening or more to the consideration of this topic, soliciting experts in this branch to testify and give their views and experience.

"The Pathological Society of London," over whose deliberations Sir James Paget presided, devoted an entire week of its sessions last winter to the consideration of the "Pathological Effects of Alcohol." *Foreign societies* have recognized and have extended their honors to American specialists in this branch of medicine. Dr. Parrish *now* sees medical journals, who a comparatively few years ago ignored the subject of inebriety, gladly welcome it to their columns. Also

physicians who refused to acknowledge the causative relation of inebriety to disease *now* recognize it as an important factor, not only in the etiology of many diseases, either as a direct cause or as a complication, but also itself originating from certain diseased conditions, which precede its special manifestations.

The public mind now appreciates the fact, at least in some measure, that "inebriety" is a term which covers a host of diseases resulting from alcohol, especially its action on the nervous system as in chronic alcoholism, acute alcoholic delirium, alcoholic dementia, alcoholic neuritis, alcoholic paralysis and dipsomania, including oftentimes with these the especial deteriorating effects of alcohol on the glandular, circulatory, and respiratory system.

Inebriety, it is seen, also not unfrequently results from involuntary causes as preceding *disease* or *injury*, and *more especially* from an *inherited tendency* that may be truly called an "inebriate diathesis," and that the inebriate under these conditions is not a *voluntary* sufferer, *volition* under these circumstances being excluded, his *inebriety being but the active manifestation of a certain diseased condition which lies at the root of and is the cause of his inebriety.*

The fact is appreciated that inebriety and its consequences are but the eruption of the volcano, and like the subterranean causes of the volcanic disturbance, the inebriety has its causes concealed and behind it. *Prometheus chained to the rock* was not more impotent than the *inebriate* chained to his habit. The fact is being appreciated that intelligent medical aid can alone break these fetters, strengthen the impaired will power, and restore the inebriate to his friends and to his social position.

Twenty years ago *legislation* was practically indifferent to the inebriate except as a criminal, but now, in proportion as a legislator is intelligent, just in that degree does he accept the "disease doctrine" of inebriety and recognize the inebriate as a diseased person. Within a few days I have communicated with a member of the legislature of Louisiana, who is



preparing a bill for the cure, not the punishment, of inebriates. A few days later a prominent member of the South Carolina legislature wrote me stating that he was drafting a bill for a similar purpose. Canada, the British provinces, Continental Europe, every scientific center is moved with the question: "What shall we do with the inebriate?" How shall we solve this great social problem?

Three classes of society bitterly oppose the solution of the question on the disease basis: the *moralists* on the one hand, who claim that we are endeavoring to substitute *disease* for *sin* and *immorality*; the *lawyers*, who assert that the inebriate is *responsible* for his acts, which are voluntary, and last, but not least, the *liquor-dealers*, who are opposed to such doctrine, because it may involve a direct tax upon them. Thus fanaticism and ignorance, pedantry and avarice, have endeavored to stay the progress of reform. But moral measures and punitive laws have failed to cure the inebriate; intelligent persons see that these measures have no therapeutic value. From all sides the disease doctrine is meeting with acceptance. For twenty years or longer it has been before the community; its application has resulted in the cure of from 30 to 40 per cent. of the inebriates submitted to it, and that under *the most disadvantageous circumstances* it is now an accepted scientific fact that "*inebriety is a disease.*" With this view of the question let us "call things by their right names". The inebriate is a sick man, and the place where he is to be healed is not a *home* or a *retreat*.

These names lead to confusion and misinterprets the object which these institutions have in view. Let us use plain English and call these institutions "*Hospitals* for the cure of inebriety or chronic alcoholism," if the latter term is preferred.

Those who have control of these institutions should be regularly educated physicians, especially qualified for the work. The time has passed when clergymen without a parish, or general practitioners without a practice, can as a last resort attempt to make a living by *endeavoring* to cure

the inebriate. We also include "reformed inebriates". We do not believe that "reformed inebriates" have any special qualifications that should place them at the head of inebriate asylums; indeed, we believe they are especially disqualified for such a position, which is one that would severely tax a person who possessed a healthy, vigorous, normal constitution, in addition to special qualifications for the work.

You who minister in "holy things," think not we are come to amend, misinterpret, or destroy the moral law, nor to frame an excuse for immorality, nor to shield a willful sinner from divine justice; we have no such mission.

But the days of demonism and of witchcraft, the days of Chrysostom, Tertullian, and of Cotton Mather have passed away. Every lunatic, hysterical person, or epileptic is not now "possessed of a devil," nor is every feeble-minded and silly old woman "a witch." Before you "cast the first stone" we ask you not to condemn the inebriate as a sinner because an inebriate, but lead your unfortunate brother to an institution, where his diseased body and enfeebled intellect can be restored; where, clothed and in his right mind he can receive *intelligently* your spiritual instruction and encouragement. And you, who make, amend, and enforce the law, protectors of our persons, our property, our liberty, and our privileges, do not think that because we may plead at times the "irresponsibility of the inebriate," that we therefore would set aside all human law. Nay, we appeal to the higher, yet unwritten law, the law of simple *justice*; for is it right to sentence and punish an irresponsible person, who is feeble minded, or a lunatic? — and that the inebriate is not unfrequently one or the other, and that his career often ends in the lunatic asylum is a fact abundantly shown and proven beyond dispute. We simply ask you in all such cases to listen to the evidence, consider the previous life and manner of the accused, not alone under the light of medical testimony, but from investigation of the evidence before you based on common sense, and then deal with the inebriate *as practically an insane person* if the testimony sustains the plea of "*non compos*

*mentis.*" And what shall we say to you, my brother physicians? American physicians originated the thought that inebriety was a disease, and that finally was materialized into the asylums and homes for inebriates that now are found in almost every scientific center. Shall American physicians fail to sustain and endorse those who were the pioneers in this movement? Are you ashamed to follow in the footsteps of Benjamin Rush, Valentine Mott, John W. Francis, and a host of medical men who in more modern times included in their number the best and noblest names of the day? To all political economists, to all statesmen, we would say, behold the only practical and satisfactory solution of the great question, How shall we control the inebriate? Not by punitive laws, but by proper legislation. Put the brand of mental and physical *disease* and consequent irresponsibility upon the inebriate and enact laws for the control of inebriates and provide proper institutions, where they can be treated, just as you now do for the insane, with such modifications as the circumstances may demand. This is your especial duty.

Whatever beneficial effect restrictive legislation may have on a community, *it cannot cure the inebriate*. Special laws are required for his control and treatment. New York State and Connecticut have such laws, based on the fact that the inebriate is a diseased person, not a criminal. England and her colonies have within a few years enacted similar laws in behalf of the inebriate, and we believe the time is not far distant when every civilized community will have its special laws for the control and treatment of the "*Inebriate as a diseased person.*"

Physicians, sanitarians, scientists, bacteriologists, you who meet to consider causes that are detrimental to the public health and destructive to human life, do not, we implore you, *eliminate* from your learned councils the consideration of a destructive agency so potent for evil as alcohol; but while you diligently search the slums and sinks of great cities, polluted water supplies, and the excretions of the

living or the tissues and fluids of the dead for disease germs, do not forget that while cholera and the eruptive and continued fevers have slain their thousands, alcohol has slain its *tens of thousands*; while these appear as epidemics, *alcohol* is constant in its destructive effects.

It does not often fall to the lot of a reformer or one who endeavors to establish a principle or fact, to live to see that principle or fact accepted and established beyond a peradventure or a doubt. Dr. Parrish can do this. At the latter part of a long and useful career he can take a retrospective glance over the "battlefield of life" and say: "I have waged a warfare, and established a principle. And when I have been 'gathered to my fathers' my name and the name of my confrères will be handed down for generations to come as the pioneers of a reform conferred upon society, a *practical* and *safe* solution of the great question that has agitated the minds of physicians, legislators, and all social economists from time immemorial: 'How shall we deal with the inebriate?'"

And now, Dr. Parrish, accept the sincere congratulations of your associates, over whom you have presided so many years. Your life has been a busy one in many departments of knowledge and duty. But in none have you attained or will you attain more eminent success, than in the part you have taken in establishing the fact, laid down in the creed of our association: "*Inebriety is a disease; it is curable in the same sense as other diseases are curable.*"

But as we write, memories crowd upon us, and the shadowy past is full of familiar faces—Turner, Mason, Dodge, Parker, Willetts—all names associated with our early work.

There is on the part of the younger members of this association a desire to cling to these names, as we could not easily forget them if we would, nor willingly let their memory die. We especially recall that earnest pioneer of our principles, the late Dr. J. Edward Turner, who, as he stated, devoted fifty years of his life, practically his whole life, demonstrating that inebriety was a disease, and founding, Sept. 24,

1858, as a means for its cure, *the first inebriate asylum established not only in this country but in the world.* He was engaged, at the time of his death, in endeavoring to wrest from illegitimate seizure the asylum to whose interest he had devoted his whole life, and also in founding a "Woman's National Hospital" for the treatment of alcoholism and the opium habit, writing in his unbounded faith over its yet unerected portals —

"Neither are our hopes buried in the dust,  
Nor our faith darkened into night."

Dr. Turner was the St. Paul of our gospel. We use the word in no sacrilegious sense, for is it not "good news" to the chronic inebriate that his disease may be cured? and was not *our* Dr. Turner similar to the great apostle in his "journeyings oft," his trials, rebuffs, disappointments, and in his final success? for he saw the principle he advocated at last firmly established before he was called away from this field of duty. He has labored, and we have literally entered into his labors. There is an inspiration in the life of such a man. Fellow associates, as death lessens our numbers, let us stand shoulder to shoulder, rallying around the standard of our principles. Let us be faithful to the trust that these pioneers in the work have bequeathed to us, saying with the soldiers of the first empire: "The Old Guard dies, but never surrenders!" and let the presence to-day of one who embodies in his life work so *illustriously* the principles on which this association is founded, animate us to further and greater efforts in a field so important to the commonwealth, so full of great results; and may we, directed and strengthened by the memory of those faithful exemplars that have gone before —

"So live that when our summons comes to join  
The innumerable caravan, which moves  
To that mysterious realm, where each shall take  
His chamber in the silent halls of death,  
We go not, like the quarry-slave, at night,  
Scourged to his dungeon, but, sustained and soothed  
By an unfaltering trust, approach our grave  
Like one that wraps the drapery of his couch  
About him and lies down to pleasant dreams."

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